

Evenings – April and May

2018 Water Safety Schedule- In Person Registration for Ravenswood Pool will begin on March 20, 2018

Aquatics Web Page: http://www.stlucieco.gov/aquatics

Online Registration: http://stlucieco.gov/swimlessons

St. Lucie County / American Red Cross

400 SW Ravenswood Lane, Port St. Lucie, Fl. 34983 (772) 871-2183

\$65.00 OR (\$30.00 with sponsorship) Maximum of two Sponsorships per family.

2017 tax return is required or proof of free/reduced lunch.

A session is 6 classes: Monday, Tuesday, and Wednesday for two weeks

Please check the box to the right of the session(s) you wish to attend.

April 16	5 - April 25		April 3	30 - May 9	
(Make-up days: Ap	ril 19 and/or April	26)	(Make-up days: M	ay 3 and/or May 10))
	Preschool 1			Preschool 1	
	Level 1			Level 1	
5:15pm -6:00pm	Level 2A		5:15pm -6:00pm	Level 2A	
	Level 3			Level 3	
	Parent/Child			Parent/Child	
	Preschool 2			Preschool 2	
	Level 1			Level 1	
6:05pm-6:50pm	Level 2A		6:05pm-6:50pm	Level 2A	
	Level 4			Level 4	
	Adult			Adult	
	Preschool 3			Preschool 3	
	Level 1			Level 1	
6:55pm-7:40pm	Level 2B		6:55pm-7:40pm	Level 2B	
	Level 5			Level 5	
	Level 6			Level 6	

wish to attenti	
May 14 -	- May 23
(Make-up days: May	17 and/or May 24)
	Preschool 1
	Level 1
5:15pm -6:00pm	Level 2A
	Level 3
	Parent/Child
	Preschool 2
	Level 1
6:05pm-6:50pm	Level 2A
	Level 4
	Adult
	Preschool 3
	Level 1
6:55pm-7:40pm	Level 2B
	Level 5
	Level 6

Please call the facility to inquire about bad weather cancellations 30 minutes prior to class.

Participant's Name:			Male / Female	Date of Birth
N	Street			
Mailing Address:	City		State	Zip
Contact E-mail Address:				
Phone:				
Medical Condition/	No	Yes (Please ask for an	additional forn	n to fill out)
Special Needs:				

I have thoroughly read, understand and agree with the policies, guidelines, releases and waivers given to me to read.

Signature:			Date:	
Office use only: Scholarship \$	Cash	Check		
Visa/MC/Discover	Changes made ir	n current session:		
Staff Received by:				



Mornings - JUNE & JULY

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Lucie, Fl. 34983 (772) 871-2183 Maximum of two Sponsorships per family.

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A session is 6 classes: Monday, Tuesday and Wednesday for two weeks.

Please check the box to the right of the session(s) you wish to attend.

June 4	June 13	
(Make-up day: Jun	e 7 and/or June 14)	
	Preschool 1	
8:30am-9:15am	Level 1	
	Level 2A	
	Level 4	
	Preschool 2	
9:20am-10:05am	Level 1	
	Level 2B	
	Level 5	
	Level 6	
	Preschool 3	
10:10am-10:55am	Parent/Child	
	Level 3	
	Adult	

June 18	3 - June 27	
(Make-up day: June	21 and/or June 2	8)
	Preschool 1	
8:30am-9:15am	Level 1	
	Level 2A	
	Level 4	
	Preschool 2	
9:20am-10:05am	Level 1	
	Level 2B	
	Level 5	
	Level 6	
	Preschool 3	
10:10am-10:55am	Parent/Child	
	Level 3	
	Adult	

	- July 18
(Make-up day: July	12 and/or July 19)
	Preschool 1
8:30am-9:15am	Level 1
	Level 2A
	Level 4
	Preschool 2
9:20am-10:05am	Level 1
	Level 2B
	Level 5
	Level 6
	Preschool 3
10:10am-10:55	Parent/Child
	Level 3
	Adult

Please call the facility to inquire about bad weather cancellations 30 minutes prior to class.

Participant's Name:			Male / Female	Date of Birth
M. II. A 1.1	Street			
Mailing Address:	City		State	Zip
Contact E-mail Address:				
Phone:			•	
Medical Condition/ Special Needs:	No	Yes (Please ask for an	additional form	to fill out)

I have thoroughly read, understand and agree w	ith the policies, guidelines, releases and waivers given to me to read.
Signature:	Date:

Office use only: Scholarship \$	Cash	Check	_	
Visa/MC/Discover	Changes made ir	current session:	5400	
Staff Received by:	× × × × × × × × × × × × × × × × × × ×			_



Participant's Name

Ravenswood POOL

Mornings-July & August

2018 Water Safety Schedule - In Person Registration Ravenswood Pool will begin on March 20, 2018

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Please check the box to the right of the session(s) you wish to attend.

	July 23 - August 1 (Make-up days: July 26 and/or August 2)	
	Preschool 1	
8:30am-9:15am	Level 1	
	Level 2A	
	Level 4	
	Preschool 2	
9:20am-10:05am	Level 1	
	Level 2B	
	Level 5/6	
	Preschool 3	
10:10am-10:55am	Parent/Child	
	Level 3	
	Adult	

	5 – August 15 gust 9 and/or August 16)	
	Preschool 1	
8:30am-9:15am	Level 1	
	Level 2A	
The state of the s	Level 4	
	Preschool 2	
9:20am-10:05am	Level 1	
	Level 2B	
	Level 5/6	
	Preschool 3	
10:10am-10:55am	Parent/Child	
	Level 3	
	Adult	

Male / Female

Date of Birth

Please call the facility to inquire about bad weather cancellations 30 minutes prior to class.

Turtierpant 5 Numer					
	Street				
Mailing Address:	City			State	Zip
Contact E-mail Address:					
Phone:					
Medical Condition/	No		Yes (Please a	sk for an additional fo	rm to fill out)
Special Needs:					
have thoroughly read, unde	rstand and a	gree with the po	olicies, guidelines, rel	eases and waivers give	en to me to read
ignature:			Date:		_
Office use only: Scholarship			Check		
Visa/MC/Discover		Changes made i	n current session:		
Staff Received by:					



EVENINGS - June

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A session is 6 classes: Monday, Tuesday and Wednesday for two weeks.

Please check the box to the right of the session(s) you wish to attend.

	Preschool 1
:15pm-6:00pm	Level 1
P6-25 36	Level 2B
	Level 5/6
	Preschool 2
:05pm-6:50pm	Level 1
	Level 3
	Parent/ Child
	Preschool 3
55pm-7:40pm	Level 2A
300 10 00 3 000000 3000000 3 0000000	Level 4
	Adult

June 18 – June 27 (Make-up days: June 21 and/or June 28)		
	Preschool 1	
5:15pm-6:00pm	Level 1	
	Level 2B	
	Level 5/6	
	Preschool 2	
6:05pm-6:50pm	Level 1	
	Level 3	
	Parent/ Child	
	Preschool 3	
6:55pm-7:40pm	Level 2A	
	Level 4	
	Adult	

Please call the facility to inquire about bad weather cancellations 30 minutes prior to class,

Participant's Name:				Male / Fen	iaie	Date of Birth
THE CONTRACT OF THE CONTRACT O	Street					
Mailing Address:	City			Ct-t-		l a:
	City			State		Zip
Contact E-mail Address:						
Phone:						
Medical Condition/	No		Yes (Please as	k for an addition	al fori	n to fill out)
Special Needs:						
I have thoroughly read, unde	rstand and	agree with the p	olicies, guidelines, rele	eases and waivers	giver	to me to read.
Signature:			Date:			
Office use only Cahalanahin	ħ	Cook	Clarale			
Office use only: Scholarship \$ Cash Check Visa/MC/Discover Changes made in current session:						
Staff Received by:						
Stall Received by:						



EVENINGS - July

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A session is 6 classes: Monday, Tuesday and Wednesday for two weeks.

Please check the box to the right of the session(s) you wish to attend.

July 9 – July 18 (Make-up days: July 12 and/or June 19)		
	Preschool 1	
5:15pm-6:00pm	Level 1	
	Level 2B	
	Level 5/6	
	Preschool 2	
6:05pm-6:50pm	Level 1	
	Level 3	
	Parent/ Child	
	Preschool 3	
6:55pm-7:40pm	Level 2A	
	Level 4	
	Adult	

	August 1y 26 and/or August 2)	
	Preschool 1	
5:15pm-6:00pm	Level 1	
	Level 2B	
	Level 5/6	
	Preschool 2	
6:05pm-6:50pm	Level 1	
	Level 3	
	Parent/ Child	
	Preschool 3	
6:55pm-7:40pm	Level 2A	
	Level 4	
	Adult	

have thoroughly read, understand a	and agree with the po	<u>licies, guidelines, releases and</u>	waivers given to me to read.
Signature:		Date:	
Office use only: Scholarship \$	Cash	Check	
Visa/MC/Discover	Changes made in	current session:	
Staff Received by:			



EVENINGS - August

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A session is 6 classes: Monday, Tuesday and Wednesday for two weeks.

Please check the box to the right of the session(s) you wish to attend.

	o – August 15 Just 9 and/or August 16)		
	Preschool 1		
5:15pm-6:00pm	Level 1		
	Level 2B		
	Level 5/6		
	Preschool 2		
6:05pm-6:50pm	Level 1		
	Level 3		
	Parent/ Child		
	Preschool 3		Г
6:55pm-7:40pm	Level 2A		
	Level 4		
	Adult		
Pleas	se call the facility to inc	uire about bad weather cancella	tic

_) – August 29 est 23 and/or August 30)	
Preschool 1		
5:15pm-6:00pm	Level 1	
	Level 2B	
	Level 5/6	
	Preschool 2	
6:05pm-6:50pm	Level 1	
	Level 3	
	Parent/ Child	
	Preschool 3	
6:55pm-7:40pm	Level 2A	
	Level 4	
	Adult	

ns 30 minutes prior to class.

Participant's Name:				Male / Female	Date of Birth
	Street				
Mailing Address:	City			State	Zip
Contact E-mail Address:					
Phone:					
Medical Condition/ Special Needs:	No		Yes (Please ask	for an additional for	m to fill out)
I have thoroughly read, unde	rstand and	agree with the pol	icies, guidelines, relea	ses and waivers give	n to me to read.
Signature:			Date:		_
Office use only: Scholarship	\$	Cash	Check		
Visa/MC/Discover		Changes made in	current session:		
Staff Received by:					



Saturdays

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A session is 6 classes.

Please check the box to the right of the session(s) you wish to attend.

May 5	- June 9	June 16	June 16 – July 21		
(Make-up day: S	Sunday, June 10)	(Make-up day:	(Make-up day: Sunday, July 22)		
	Preschool 1		Preschool 1		
	Level 1		Level 1		
8:30am-9:15am	Level 2A	8:30am-9:15am	Level 2A		
	Level 3		Level 3		
	Parent/Child		Parent/Child		
	Preschool 2		Preschool 2		
	Level 1		Level 1		
9:20am-10:05am	Level 2A	9:20am-10:05am	Level 2A		
	Level 4		Level 4		
	Adult		Adult		
	Preschool 3		Preschool 3		
	Level 1		Level 1		
10:10am-10:55am	Level 2B	10:10am-10:55am	Level 2B		
	Level 5		Level 5		
	Level 6		Level 6		

July 28 - September 1			
(Make-up day: Sunday, September 2)			
	Preschool 1		
	Level 1		
8:30am-9:15am	Level 2A		
	Level 3		
	Parent/Child		
	Preschool 2		
	Level 1		
9:20am-10:05am	Level 2A		
	Level 4		
	Adult		
	Preschool 3		
	Level 1		
10:10am-10:55am	Level 2B		
	Level 5		
	Level 6		

Please call the facility to inquire about bad weather cancellations 30 minutes prior to class.

Participant's Name:			Male / Female	Date of Birth	
	Street				
Mailing Address:	City		State	Zip	
Contact E-mail Address:					
Phone:					
Medical Condition/	No	Yes (Please ask for an additional form to fill out)			
Special Needs:					

I have thoroughly read, understand and agree with the policies, guidelines, releases and waivers given to me to read.

Signature:			Date:	
Office use only: Scholarship \$	Cash	Check		
Visa/MC/DiscoverStaff Received by:	Changes made ir	n current session:		